

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | SERIAL NO. <i>09/1044028</i> | FILING DATE |
|--|----------|------------------------|----------|------------------------|------|---------------------------------|-------------|
| | | | | | | APPLICANT(S) | |
| CLAIMS | | | | | | | |
| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | |
| IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | | TOTAL IND. | |
| TOTAL DEP. | | | | | | TOTAL DEP. | |
| TOTAL CLAIMS | <i>3</i> | | <i>8</i> | | | TOTAL CLAIMS | |

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

PTO-1360 (3-78)

U.S. DEPARTMENT OF COMMERCE
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